

APPLICATION FORM FOR INTERBANK GIRO

PART 1: FOR APPLICANT'S COM Date:	APLETION (fill in the spaces indicated with ✓) Name of Billing Organisation ("BO"):
√	✓ ENAGIC SINGAPORE PTE LTD
To: Name of Bank:	Billing Organisation's Customer's Name:
√	√
Branch:	Billing Organisation's Customer's Reference Number:
√	✓
Payment Limit (maximum amount to be deducted per transaction basis): Note	Expiry date for this authorisation: Note
✓	√
this. You may also at your discretion allow the debit accordingly.(c) This authorisation will remain in force until terminated receipt of my/our written revocation through the BO.	my/our account does not have sufficient funds and charge me/us a fee for even if this results in an overdraft on the account and impose charges by your written notice sent to my/our address last known to you or upon piry of this authorisation and to ensure no deductions are made thereafter.
My/Our Name(s) as in Bank's record	My/Our Contact (Tel/Fax) Number(s):
My/Our Account Number:	My/Our Company Stamp/Signature(s)/Thumbprint(s)*:
	(as in bank's records)
PART 2: FOR BILLING	ORGANISATION'S COMPLETION
Bank Branch Enagic Bank Account Number 7 1 7 1 0 0 3 0 0 3 9 1 7 4 9 Bank Branch Account Number To Be Debited	Customer Reference Number 9 3
PART 3: FOR	BANK'S COMPLETION
To: Enagic Singapore Pte Ltd 111 North Bridge Road, #25-04 Peninsula Plaza, Singapo	
This Application is hereby REJECTED (please tick) for the Signature/Thumbprint differs from Bank's records Signature/Thumbprint incomplete/unclear Account operated by signature/thumbprint	
••	Date # Discretization of the state of the st
* For thumbprints, please go to the branch with your identification.	ification. # Please delete where inapplicable